

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/587,028*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	3		/			
5	2		/			
6	4		/			
7	0		/			
8	1		/			
9	0		/			
10	1		/			
11	0		/			
12	0		/			
13	1		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	13	←	15	←		←
TOTAL CLAIMS	19	[]	16	[]	[]	[]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	[]	[]	[]	[]	[]	[]